Reference: FOI.ICB-2526/049

Subject: ICS Discharge to Assess Policy and Protocol

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE
1. Has the ICS made its local Discharge To Assess Policy and Protocol available to the public and if so, in what format please? (Please supply the link, if the answer is yes, online). If not, or if the above-mentioned publicly available local Discharge to Assess Policy and Protocol does not deal with the legal responsibility for the funding of the first package of care after hospital discharge (regardless of whether it has been commissioned through NHS or LA processes), please describe how the local arrangements address the difference between the funding arrangements (NHS, LA, s75 partnership, s256 grants) for the following types of discharge arrangement: Formal rehabilitation or other specific NHS services Interim or step down services intended for the completion of recuperation after patients have been deemed medically optimised or no longer meeting the criteria to reside Intermediate Care Services Reablement Services Temporary Respite on account of lack of commissioned capacity issues Long Term Social Services from hospital	The following link from the BNSSG ICB web page provides information to the public on the Discharge to Access (DtA) arrangements: https://bnssghealthiertogether.org.uk/our-work/discharge-to-assess/ On this web page the ICB has worked with other health providers including the local authority to produce the information which is available to read and download including: • A two-page summary of the DtA pathways • Patient information leaflets on the D2A and the pathways home. The information will explain the 3 pathway options once the patient has been assessed and deemed ready for discharge from a hospital setting. Packages of care are after hospital discharge, and are partly funded by the NHS and partly funded by the integrated pooled budget enabled by the Better Care Fund, through the NHS and Local Authority section 75 agreement.

2. We are aware of the national dataset analysis of CHC application outcomes here https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fstatistics%2Fwp-content%2Fuploads%2Fsites%2F2%2F2025%2F02%2FCHC-and-FNC-Report-Q3-2024-25_NT63r.pdf&data=05%7C02%7Cbnssg.foi%40nhs.net%7C098838f3db174308cc1008dd9451cd90%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638829801255456390%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=uIuLUuaECWTsl3S2CsJIgBJEr6QCnwBa%2FQQBYFIlVYE%3D&reserved=0. The report defines a referral as the earliest notification (to the ICB or organisation acting on behalf of the ICB) that full consideration for NHS CHC is required (e.g. a positive checklist or other notification, or Fast Track paperwork.) The total number of referrals discounted before assessment is one of the metrics required. We therefore assume that the ICB must record the number of apparently positive Checklists received from the hospital discharge system and the community. If so, please link us to that data and provide the means to compare it with figures from earlier reference periods?	This data link is for an NHE England site where the information being asked is located inclusive of discounted assessments: https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-chc-fnc/

The information provided in this response is accurate as of 9 June 2025 and has been approved for release by David Jarrett, Chief Delivery Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.